

Client Questionnaire

Trip Name:_____ Trip Date:_____

Client Name:_____ Gender:_____

Age:_____ Height:_____ Weight:_____

Walking Ability:

Distance used to walking: 1-5km 5-10km 10+km

Usual terrain for walking: road bush track mountain track

Physical Activities:

Used to participating in different kind of physical activities Yes/No

Activity:_____ Times per week:_____ How long for:_____

Activity:_____ Times per week:_____ How long for:_____

Activity:_____ Times per week:_____ How long for:_____

1. Do you have any special dietary needs?

Yes:_____ No:_____

2. Please list any physical limitation you may have?:_____

3. Do you require any specific medication?:_____

4. Do you have any medical conditions or healing problems we should be aware of?

No/Yes

Please list these:_____

5. Do you have any hobbies, interests or specialised knowledge which may be applicable to this tour?:_____

6. Do you have a specific learning style? eg. like to see things being down, like to just do them, like to read or know about them first, you like to have an emotional or sensory link to them?_____
